

Psychological Indicators and Perceptions of Adolescents in Residential Care¹

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Abstract: The institutionalization of adolescents has been mentioned in the literature with positive and negative aspects. This study investigated 61 adolescents in residential care aiming to evaluate psychological problems and perceptions related to the care, using interviews and the YSR. Data was evaluated using quantitative and qualitative analysis, using gender, age and length of institutionalization as variables. Results indicated clinical scores for psychological problems, except for externalizing problems, in younger girls recently taken into care and older boys institutionalized for longer periods. The perceptions about the care were negative or indifferent; elements of positivity were expressed by adolescents institutionalized for longer periods. Instability in the permanence in the care service and the reasons for having been taken into care were manifested with psychological distress. There were few contacts with the family of origin; the adolescents mentioned the importance of their families and the desire to leave the institution. Members of the institutional teams were indicated as sources of care and protection. This study reflects the challenges for the positive development of this population.

Keywords: adolescence, institution, human development

Indicadores Psicológicos e Percepção de Acolhimento em Adolescentes

Resumo: A institucionalização de adolescentes é referida na literatura em seus aspectos negativos e positivos. Com objetivo de avaliar indicadores psicológicos e percepções do acolhimento, este estudo investigou 61 adolescentes acolhidos, através do YSR e entrevistas. Foram realizadas análises quantitativas e qualitativas, considerando variáveis: sexo, idade e tempo de institucionalização. Resultados indicaram faixas clínicas para problemas psicológicos, exceto problemas externalizantes, em meninas mais novas (há menos tempo acolhidas) e em meninos mais velhos (maior tempo de acolhimento). Percepções sobre o acolhimento tenderam à negatividade e indiferença; percepções positivas apareceram naqueles com mais tempo de acolhimento. Instabilidades nas permanências institucionais e motivos para o acolhimento foram expressos com indicadores de sofrimento psíquico. Contatos familiares eram esparsos; os adolescentes referiram importância da família e desejos de saída da instituição. Membros das equipes institucionais foram citados como fontes de cuidado e proteção. O estudo reflete desafios para o desenvolvimento positivo dessa população.

Palavras-chave: adolescência, instituições, desenvolvimento humano

Indicadores Psicológicos y Percepciones de Acogimiento en Adolescentes

Resumen: La institucionalización de los adolescentes se reporta en la literatura en sus aspectos negativos y positivos. Con objetivo de evaluar indicadores psicológicos y percepciones del acogimiento, este estudio investigó 61 adolescentes, utilizando entrevistas e YSR. Fueron realizadas análisis cuantitativas y cualitativas, considerando las variables: sexo, edad y tiempo de institucionalización. Resultados indicaron rangos clínicos para problemas psicológicos, con excepción de problemas externalizantes en niñas más pequeñas (menos tiempo de acogida) y con niños mayores (mayor tiempo de acogida). Percepciones sobre el acogimiento tendieron a negatividad e indiferencia; percepciones positivas aparecen en los que tienen más tiempo de acogimiento. Instabilidades en la permanencia institucional y motivos para el acogimiento se expresaron con sufrimiento psíquico. Contactos con la familia eran raros; los adolescentes referían la importancia de la familia y deseos de salir de la institución. Miembros de los equipos institucionales fueron referidos como fuentes de cuidado y protección. El estudio refleja desafíos para el desarrollo positivo de esa población.

Palabras clave: adolescencia, instituciones, desarrollo humano

Adolescence is marked in the human life cycle by the period between 10 and 20 years of age (Organización Mundial

de la Salud [WHO], 1999), configuring a transitional stage between childhood and adulthood. In this phase, intense changes and important developmental acquisitions take place in the biological, psychological and social domains, with the establishment of new habits of behavior, processes and products of the development fundamental for the construction of identity.

As in all human development, adolescent development emerges from the interactions with the different environments in which the adolescent is inserted. As adolescents come into contact with new contexts and social interactions, throughout the course of life, they require new skills and competencies, and their improvement, in the developmental transitions,

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which lead to changes in self-perception and the perception of others and generate opportunities for other new person-context interactions. The concept of human development, according to the ecological theory of Bronfenbrenner (2002), is related to the connections between the particularities of the individual and the environmental contexts in which they interact. According to this theory, interactions take place in ecological systems that are interconnected, both in a more proximal way (which involves face to face contact), in the so-called *microsystem* (such as in the family), and also in the interrelation between two or more of these microsystems, in environments in which the individual participates actively, in the *mesosystem* (such as in the school and groups of friends). There are also interactions with environments in which the subjects are not actively present, called *exosystem* (the work of the parents) and interactions in more distant levels, in a *macrosystem*, which includes cultural content, beliefs or ideologies. All these systems form a context that interacts with individuals and their particularities, producing changes and also promoting constancies in the characteristics of the person in the course of life.

Adolescents who have life contexts outside of the family, experiences in institutions, and go through situations of violence and abandonment, will have their development affected by the particularities and vulnerabilities in several of these interaction environments. Despite the Statute of Children and Adolescents (ECA) (Law No. 8.069, 1990) defining that the institutionalization of children and adolescents is intended as a provisional and exceptional action faced with the violation of rights, the national indicators of 2013 from the National Survey of Children and Adolescents in Care Services (LNCA) (Assis & Farias, 2013) indicates that there were approximately 37,000 children and adolescents living in 2,624 residential care services. The Save the Children international report (2009) presented data for the existence of more than eight million children and adolescents living in similar conditions worldwide.

Recent public policies have reinforced that institutional care should be temporary, until better conditions are offered in the families of origin, extended families or in cases of adoption (Ministério do Desenvolvimento Social e Combate à Fome, 2009), and have established that the permanence the child or adolescent in an institutional care program should not last for more than two years (Law No. 12.010, 2009). Despite what is envisaged by the law, studies show that many children and adolescents in Brazil experience long periods of institutionalization, sometimes for more than a decade (Álvares & Lobato, 2013; Gonzalez, Wathier-Abaid, & Dell'Aglío, 2011; Ministério do Desenvolvimento Social e Combate à Fome, 2011; Siqueira & Dell'Aglío, 2010).

Life in institutional services can be associated with positive factors or with those considered to be risk factors for the development of children and adolescents, depending on the interactions constructed in the care context and living conditions that the institution provides to the individuals. Positive aspects of institutional living are related to the protection faced with experiences of mistreatment in the

family of origin, the attention to basic needs, the emotional connections with employees and colleagues, as well as the structure and organization of the institution itself, which can provide opportunities and leisure and education activities (Carlos, Ferriani, Silva, Roque, & Vendruscolo, 2013; Dell'Aglío & Siqueira, 2010; Siqueira, Zoltowski, Giordani, Otero, & Dell'Aglío, 2010; Yunes, Miranda, & Cuello, 2004). However, the experiences of risks are related to limitations found in the institutions for the care and protection of this population (Dell'Aglío & Siqueira, 2010; Marinkovic & Backovic, 2007). In general, the care institutions have difficulties in dealing with the large number of individuals, tending toward the collectivization and institutionalization of the lives of these young people, exposing them to situations of social segregation and ruptures in the family bonds (Carlos et al., 2013). Disruptions in consistent interactions in the family microsystem, particularly important for the development, are considered risk factors for the development of the adolescent. According to the Save the Children report (2009), the majority of adolescents who live in institutional care services have one or both parents alive, however, they tend to have little contact with their families.

Tevendale, Comulada, and Lightfoot (2011), in a study performed with adolescents living in the care service of the state of New York (USA), identified numerous areas of present and previous difficulties in the lives of adolescents, which included: problematic family relationships, physical, sexual and emotional abuse and neglect, depression and/or suicidal ideation, alcohol and/or drug use and difficulties in the school area. Recent national surveys have found elevated indicators of emotional and behavioral problems, and high occurrences of stressors, and depressive events in institutionalized children and adolescents (Álvares & Lobato, 2013; Fernandes, Nascimento, Montesano, Spadari-Bratfisch, & Oliveira-Monteiro, no prelo; Oliveira-Monteiro, Nascimento, Montesano, & Aznar-Farias, 2013; Silva, Lemos, & Nunes, 2013; Wathier-Abaid, Dell'Aglío, & Koller, 2010). Álvares and Lobato (2013) suggest that the development of depressive symptoms in children and young people in care would be related to periods of longer than two years in the institution, history of institutional experience and not having siblings in the institution.

Rescorla et al. (2007) classified the psychological problems into two broad categories: internalizing and externalizing. The first category, internalizing problems, is focused on the emotions and the more inner psychological environment, such as anxiety and depression, while the externalizing problems category includes negative behavioral characteristics, such as hyperactivity, aggressive and antisocial behaviors, related to the external world (Liu, 2004). Both sets of behaviors can cause difficulties of interaction of the child and/or adolescent with those with whom they live (Bolsoni-Silva, Paiva, & Barbosa, 2009).

Gender and age differences have been verified in relation to internalizing problems and externalizing problems of adolescents. Younger adolescents tend to present externalizing problems, such as physical aggression, with this behavior decreasing with advancing age (Bongers, Koot, Van der Ende, & Verhulst, 2004). Published data indicate that aggressive behavior

and rule-breaking is related more to adolescent boys, while internalizing problems such as depression and anxiety disorders have a higher prevalence and high levels among adolescent girls (Bongers et al., 2004; Guo & Slesnick, 2011; Ojha, Ma, Chapagain, & Tulachan, 2013).

Various factors make adolescents more vulnerable to suffer psychological problems, among which are individual (psychological characteristics, gender and age), family (history of mental disorders, use/abuse of alcohol and drugs, violence, loss and separation) and sociocultural aspects (poverty, violence in the context, social support) (Avanci, Assis, Oliveira, Ferreira, & Pesce, 2007). An international review study on the prevalence of mental disorders in children living away from their homes showed that this population presents between a 24% to 40% greater chance of having problems related to mental health when compared to children living with their families (Bassuk, Richard, & Tsertsvadze, 2015).

Although the theme of development of institutionalized children and adolescents has recently been explored by many researchers, the subject still requires further depth and expansion to guide a better quality of (re)formulation of interventional projects aimed at prevention and health promotion strategies for this population that lives in vulnerable conditions. The continuation of the investigation in this regard, especially studies in which these children and young people can be heard and their views taken into account, can enable the generation of new subsidies for service and care resources, and for specific interventions aimed at possible dysfunctions that are identified. Furthermore, the choice of evaluation instruments used in international studies, with due care in relation to adaptation and validation processes, can facilitate comparisons of the aspects of development and psychological health conditions of institutionalized adolescents in different realities.

In this context, this study evaluated adolescents in residential care, considering age, gender and length of institutionalization, in terms of indicators of psychological problems (internalizing and externalizing) and their perceptions about the institutional experience.

Method

Participants

The participants were 61 adolescents, aged 11 to 18 years (56% girls and 56% adolescents aged over 15 years), residents of 10 residential care services (governmental and non-governmental) in four municipalities of Baixada Santista (SP). The adolescents investigated presented varied lengths of institutionalization, from one week to more than eight years (49% had been in care for more than two years). The sample was constituted by convenience and accessibility, considering the authorization of the institutions for the performance of the study, the time dedicated to the collection of data in the field (six months) and the acceptance/availability of

the adolescents for participation. All the adolescents who accepted the research invitation participated in the study.

Instruments

The study had qualitative and quantitative characteristics. To study indicators of psychological problems (internalizing and externalizing) and perceptions of the residential care situation of the adolescents investigated, the following instruments were used:

Youth Self-Report - YSR (Achenbach & Rescorla, 2010). A screening instrument that, through self-reports, provides indicators regarding the psychosocial functioning of the adolescent in two scales related to Competence and Psychological Problems (emotional and behavioral). The Psychological Problems scale of the YSR, used in this study, includes the subscales of internalizing problems (anxiety, depression, withdrawal, and somatic complaints) and externalizing problems (such as rule-breaking and aggressive behavior). Results of the psychological problems scale of the YSR are considered in ranges denominated clinical (above 63 scores), borderline (scores between 60 and 63) and non-clinical (scores below 60) indicating, respectively, sufficient problems for clinical concerns, probable need for intervention, and strong points that should be considered in the planning of interventions. The YSR contains Brazilian validation evidence, with indications of adequacy of the factorial model of the instrument for the Brazilian population, good internal consistency indices and discriminating capacity of the scales and items for psychological problems (Rocha & Silveiras, 2012).

Semistructured interview regarding the perception of the residential care situation. This instrument was derivative from a previous study conducted with adolescents in residential care situations, the interview contained open and closed questions on aspects of the perception of the adolescent regarding the residential care situation, subdivided into four thematic axes, which encompassed: (a) institutional history in care (experiences of entering, residing and leaving); (b) contacts with family members; (c) references regarding health, protection and risk; and (d) hopes and dreams for their lives. The instrument also contained a proposal for the adolescents to talk about their lives, freely, with the request: "Tell me what you think is important about your life, anything will interest me".

Procedure

Data collection. The instruments were applied individually, in a private place in the institutions, at days and times arranged with the technical teams and adolescents. The sessions were initiated with application of the YSR instrument, followed by the interview, and lasted approximately 45 minutes. With the exception of four cases in which consent to record was not given, all the other interviews were recorded

for later transcription. In the four cases mentioned, the report was compiled with data from the memory.

Data analysis. The YSR data were transcribed into the inventory correction software (Assessment Data Manager Program - ADM) and submitted to descriptive analysis. The reports collected in the interviews were approached according to quantitative and qualitative parameters, associated with references of thematic axes indicated in a previous study.

The establishment of frequency of responses to closed questions was carried out and systematized in the four thematic axes proposed for analysis (institutional history in care; contacts with family members; references regarding health, protection and risk, and hopes and dreams for their lives). A qualitative analysis of the collected material in the open questions of the interview was carried out by reading and listening to the interviews, systematizing the emerging content (Bardin, 2011), analyzing the most frequent and common themes, and integrating the content into the thematic axes. The quantitative results of the two instruments were analyzed according to the subgroups: a) age group (11 to 14 years / 15 to 18 years), b) gender, and c) length of institutionalization (up to two years / more than two years).

Ethical Considerations

The study was approved by the Research Ethics Committee of the Universidade Federal de São Paulo (CEP/UNIFESP No. 0313/11), having obtained the informed consent of the legal representatives (directors of institutions) and the participating adolescents.

Results

Results of the YSR: Indicators of Internalizing and Externalizing Psychological Problems

Internalizing Problems and Externalizing Problems were indicated by the responses given by adolescents to the questions of the YSR. Table 1 presents descriptive measures of the Internalizing Problem and Externalizing Problem variables of the YSR, according to gender, age group and length of institutionalization.

According to Table 1, in the Internalizing Problems variable, both the girls and boys presented means in the

Table 1

Descriptive Measures of the Internalizing Problem and Externalizing Problem Variables of the YSR, According to Gender, Age Group and Length of Institutionalization

Gender	Age	Length of Institutionalization	Intern. Problems <i>M (SD)</i>	Extern. Problems <i>M (SD)</i>
Female	11 to 14	Up to 2 years	66.6 (10.6)	54.8 (12.4)
		More than 2 years	67.9 (7.5)	66.9 (9.7)
		Total	67.3 (8.9)	60.8 (12.4)
	15 to 18	Up to 2 years	69.8 (8.5)	63.2 (7.6)
		More than 2 years	66.2 (11.5)	68.6 (11.8)
		Total	68.0 (10.0)	65.9 (10.0)
	Total	Up to 2 years	68.3 (9.4)	59.2 (10.7)
		More than 2 years	67.0 (9.6)	67.8 (10.5)
		Total	67.6 (9.3)	63.5 (11.3)
	11 to 14	Up to 2 years	65.0 (1.2)	62.2 (3.6)
		More than 2 years	62.4 (12.4)	65.9 (11.6)
		Total	63.5 (9.3)	64.3 (9.0)
Male	15 to 18	Up to 2 years	63.5 (7.4)	69.6 (8.2)
		More than 2 years	63.0 (8.7)	56.7 (11.2)
		Total	63.3 (7.7)	63.6 (11.5)
	Total	Up to 2 years	64.1 (5.7)	66.8 (7.6)
		More than 2 years	62.7 (10.3)	61.3 (11.9)
		Total	63.4 (8.3)	63.9 (10.3)

Note. The values in boldface indicate means in the clinical range of the YSR.

clinical range, with the older girls scoring higher means for these problems. Only the boys with more than two years in care had scores in the borderline range. In the Externalizing Problems variable, the boys and the older girls presented

scores in the clinical range. Scores considered non-clinical/normal and borderline were found in the younger adolescents, with up to two years in care and, in the older boys with more than two years in this specific condition.

Results of the Semistructured Interview Regarding the Perception of the Residential Care Situation

The results of the responses to the closed questions are presented according to the thematic axes of the study.

Institutional history in care. The majority of the investigated adolescents (41) said that it was the first time in the care service in which they lived at the time of the data collection of the study. Regarding the causes for having been taken into care, 11 adolescents (majority boys) did not know or declined to answer the question. Among the reports on this theme, the most common references for the causes of the institutionalization were: family abandonment, domestic violence, family problems (including fights, rejections, running away from home), drugs in the family, legal problems (cause most reported by boys with up to two years in care) and adoption that “did not work”. Of the studied adolescents, 38 had a history of unstable living situations, due to changes of the care institution, attempts to return to families and/or situations of living on the streets. The majority investigated (21 adolescents) expressed negative perceptions of these unstable situations, reporting moments of stress and nervousness, and feelings of abandonment and confusion. The investigated adolescents presented a general tendency toward a negative perception of the care institution. The girls expressed more negativity in their perceptions, while the boys were more indifference regarding the residential care situation. In terms of age, the younger adolescents (11 to 14 years) showed a tendency toward a negative perception of the care institution, while the older adolescents (15 to 18 years) reported indifference. The adolescents with up to two years in care reported more negative perceptions of the institutionalization condition, while those with more than two years in care expressed a positive tendency regarding the residential care situation.

Contacts with family members. Nearly half of the studied adolescents (29) reported having siblings in the institution where they resided at the time of data collection of the study. There were 16 adolescents (majority girls) who reported not having contact with any family member. Among those adolescents who reported contact with family members, 21 had contact only with one member (mother, stepmother, father, sibling, grandmother, aunt or godmother) and 24 had contact with more than one family member (mother, stepmother, father, stepfather, siblings, grandmother, uncles/aunts and/or cousins). The majority of these reported that the contacts were occasional (on weekends, weekly or biweekly visits, vacations, phone calls and contacts over the internet).

References regarding health, safety and risk conditions. More than half of adolescents (32) reported having been sick in the care service, more frequently reported by the girls. Among the symptoms and diseases reported there were: pain (head, stomach, intestines, throat), fever, nausea, colds and flu, virus, anemia, bronchitis, dengue fever and accidents. The majority of the adolescents reported having visited the doctor and, in cases of disease, all indicated staff of the institution, such as the nurses and monitors, as people that helped. When asked about reports of protection and risk, the

majority of the adolescents indicated feelings of protection within the service, with few reports of risk perception. The younger adolescents with more time in care presented more reports of protection with respect to their insertion in the residential care services. Also regarding the conditions of protection, almost all the adolescents reported receiving help within the service, from the staff (most frequent report) and from colleagues.

Hopes and dreams for their lives. The most common answers to the questions about hopes and dreams for their lives were: to study, work, have their own home, raise a family, leave the care institution (majority girls), and to return to the family of origin. Dreams were also reported that referred to future careers. The girls reported dreams of being doctors, artists, athletes, veterinarians, psychologists, lawyers, teachers, judges, secretaries, saleswomen and police officers. The boys talked about dreams of being athletes (in the majority of cases, football players), firefighters, designers, dance teachers, truck drivers and police officers. Only three adolescents, all boys with longer periods in care, said they did not have dreams and life expectancies.

Responses to the request that adolescents talked about what they considered important in their lives included references to family members, friends, their own lives, health and helping other people. Wishes to leave the institution, to have a family or return to their own family, to work and study were also expressed, as well as data from the family history and the history of being in care (the arrival in the institution and the reason for the institutionalization), valorization of the institution in which they were, fear of losing family members and living on the streets, the importance of pregnancy and having children, regret for having lost opportunities, and their own qualities and defects. Thirteen adolescents did not want to give any comment about their lives and one talked about the desire to commit suicide.

Discussion

The sample of this study included a higher number of older adolescents (aged 15 to 18 years) and females in the care services investigated. A study of institutionalized adolescents in Porto Alegre (RS) also presented, as the majority of the sample, young females with a mean age of 15 years (Gonzalez et al., 2011). Similarly, in India, more girls are found in institutional care services than boys (Save the Children, 2009).

A wide variation in the length of institutionalization (between one week and eight years) was also one of the characteristics of the adolescents investigated, similar to LNCA data (Ministério do Desenvolvimento Social e Combate à Fome, 2011) which showed 17.6 years as the maximum institutionalization time in the Southeast region. Despite the long period of institutionalization reported by some of the adolescents investigated, the number of them with less two years in care was similar throughout the entire sample. This quantitative balance of adolescents in the subgroups with more than two years and up to two years of institutionalization could be an indicator of progress in

the execution of legislation regarding the length of stay in residential care service (up to two years).

The adolescents studied presented high scores for both internalizing and externalizing psychological problems investigated by the YSR, indicating possible problems of clinical concerns, data consistent with studies in similar populations of European countries (Marinkovic & Backovic, 2007; Silva et al., 2013), of the USA (Bassuk et al., 2015) and of Brazil (Oliveira-Monteiro et al., 2013).

Considering studies with adolescents in different contexts, evaluated through the YSR, it can be perceived that adolescent students from public schools and young people placed in social assistance programs with vulnerability experiences, presented normal and/or borderline results for the psychological problems investigated by the YSR (Oliveira -Monteiro et al., 2013). Conversely, in a literature review of studies with homeless American adolescents, Bassuk et al. (2015) found results of the YSR in the clinical range, similar to those presented in this study. It can therefore be observed that the context in which these young people live, especially in the interactions performed in their most proximal ecological environments, in the microsystems (family, institutions) and mesosystems (school, social programs, street), appears to influence, positively or negatively, their developments.

Within this worrying condition, older adolescent girls had higher mean scores for internalizing problems. This finding is consistent with the literature, which highlights girls as having a higher risk for psychiatric disorders and internalizing problems, such as depression and anxiety disorders (Avanci et al., 2007; Guo & Slesnick, 2011; Ojha et al., 2013; Siqueira & Dell'Aglío, 2010). Poletto, Koller and Dell'Aglío (2009) found that girls were more likely to react emotionally in a diffuse way to the accumulation of adverse events, and to invest more in interpersonal relationships, involving themselves more in the difficulties of others. In the reports from the semi-structured interviews of this study, the girls also reported more health and disease problems and increased negativity in the perception of the care.

Older boys with more time in care had fewer indications of Externalizing Problems, the only group of the adolescents investigated in the non-clinical range of psychological problems. This data can be reflected both in terms of age group and length of institutionalization. Younger adolescents tend toward externalizing problems, especially boys (Bongers et al., 2004; Guo & Slesnick, 2011). In addition, a possible adaptation to the institutional environment was indicated by demonstrations of positivity regarding the care situation made by the adolescents in the sample who had been in care for more than two years. Despite institutionalization and family estrangement being, in the majority of cases, considered harmful to the development of adolescents, more consistent residential care, with affective and positive interactions, without situations of instability (changing institutions, and/or failed attempts to return to the family) may favor the construction of bonds within the services, as well as protection from adverse events outside the institution, the fulfillment of basic needs, and the acceptance of the situation (Carlos et al., 2013; Dell'Aglío & Siqueira, 2010; Tevendale et al., 2011).

When asked about their ideas for the reasons for being taken into care, some of the adolescents studied refused to respond or claimed ignorance. This theme seemed to mobilize greater psychological distress, bringing memories and anxieties, so that the adolescents indicated not knowing or not wanting to deal with the reasons, probably related to neglect and family abandonment, or drug addiction of family members, seen as the main causes for the entry of the children and adolescents into care services (Ministério do Desenvolvimento Social e Combate à Fome, 2011).

Family relationships can be significantly worse for institutionalized groups, containing uncertainties, conflicts, idealizations and anxieties (Fave & Massimini, 2000). In this study, some adolescents reported some contacts with more than one family member, although the frequency was occasional. Other studies highlight reports of the maintenance of contact and bonds with family members, in most situations involving young people in care, regardless of the quality of this interaction (Gonzalez et al., 2011; Ministério do Desenvolvimento Social e Combate à Fome, 2011).

Consistent with the results of several studies (Marinkovic & Backovic, 2007; Save The Children, 2009; Siqueira et al., 2010; Tevendale et al., 2011; Yunes et al., 2004), there were strong indications in this study that changes of institution or housing and the perception of the residential care situation, in general, were negative in the adolescents studied. References to feelings of abandonment, stress, nervousness and the desire to establish a home were found in their reports. The younger adolescents (aged 11 to 14 years) and the girls in general tended toward a more negative perception of the care, while the older adolescents investigated (15 to 18 years) and the boys reported perceptions marked by indifference. Some positivity in this perception appeared in the adolescents who had been in the service for longer, probably due to being more adapted to the environmental context of the institution, and having the possibility of creating positive bonds.

Many adolescents refer to protection within the care service, with positive references regarding the staff (Dell'Aglío & Siqueira, 2010; Fave & Massimini, 2000), fundamental figures of interaction in the institutional context, as well as substitutes for some parental duties, such as care, help, protection and elements of limits and discipline. Although the institutions generally have few caregivers for many individuals, the staff can represent parental figures, in cases of environments of stable interaction, providing safe and reliable relationships (Carlos et al., 2013; Marinkovic & Backovic, 2007).

In both the closed questions regarding dreams and hopes and the open questions of the interviews the adolescents gave answers with content relevant to: the importance of family members and friends, future desires to leave the institution and build a family, and themes regarding studies, school and work. With regard to this last element, related to the career, in general they seemed to have dreams of a professional life with elements permeated by values of our culture, potentially inaccessible in their life trajectories marked by impairments in family and school life.

The present study do not have generalization pretensions for the population of Brazilian adolescents living in the

residential care situation, and also present a limit due to not exploring the institutional dynamics present in the different care services (public or private sector). The work, however, reflects worrying data regarding the psychological conditions of this population, consistent with other recent studies on the subject of development of institutionalized children and adolescents. Internalizing and externalizing psychological problems were indicated in the evaluation of the adolescents investigated, who generally expressed a negative perception regarding the residential care. However, the older adolescents, in the second stage of adolescence, especially the boys, expressed indifference to their life situations in the institution. This indifference can be an important sign of the emotional problems of these adolescents, as a possible indicator of hopelessness or discontinuance of the use of psychic resources for coping with the situation and having hope for life. It should be noted that one of the adolescents expressed suicidal intentions (Tevendale et al., 2011), the greatest of the risks present in this population of vulnerable young people. All these negative conditions are also associated with the impotency the families face with the situation of great vulnerability, the main reason/cause of child and adolescent institutionalization.

Instabilities upon entering the institutions, and memories about the reasons for having been taken into care were the elements expressed with a greater burden of psychological distress for those investigated. However, the adolescents reported dreams for life, such as studying, having a family and a job – dreams with few links to plans and projects, appearing as reports of a potential positivity for life and happiness, emerging culture, ideology, and values of the times in which they live.

The results of this study reaffirm, as found in other studies, a situation in which children and adolescents in residential care configure staff members of the institutional services as substitutes for the family roles, providing part of the fundamental microsystems of development. It follows that the staff members of the care services need specific training to develop the skills and competencies necessary to confront the operational and symbolic roles required of them in the daily care and attention for these children and adolescents. Also aligned with the results of the study is the fact that social workers and school and health agents that interact with this institutionalized population must be better informed about their particular needs. In turn, and most important, it should be noted that systematic work with the families of origin (microsystems to be restored) must be given priority and restructuring in order to empower and strengthen them to face the expected processes of positive family reintegration of their children. Furthermore, the importance can also be noted of public debates related to the questions of children and adolescents in care, including other social institutions and the media, so as to mobilize indispensable macrosystem elements for social conscientization of the problem.

Finally, further studies on institutionalized population are suggested, continuing the works being presented, with greater diversification of the samples in order to give greater consistency to the knowledge of the residential care situation in Brazil. This is necessary to promote the growth

and improvement of Public Policies aimed at the important challenge and social duty to establish integral and positive development conditions for children and adolescents living in residential care services.

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